

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
LICENSE APPLICATION

☐ INITIAL LICENSE ☐ CHANGE OF NAME: (OLD NAME): _____

☐ BED INCREASE ☐ CHANGE OF ADMINISTRATOR ☐ OTHER: _____

☐ CHANGE OF LOCATION: (OLD ADDRESS): _____

☐ CHANGE OF OWNERSHIP (indicate date of the change of ownership): _____

(A change of ownership application must be filed immediately (NAC 449.0114(5)). Change of ownership applications must be complete no more than 45 days after the change occurs. *(Initial Fees – refer to fee schedule)*)

THE ENTITY'S D.B.A. NAME _____

(D.B.A. = Doing Business As)

NEVADA BUSINESS ID NUMBER NV _____

(Located on your business license; the number will be in this format: NV20081108670)

STREET ADDRESS _____

(Physical location of the entity's operation)

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

THE ENTITY'S MAILING ADDRESS _____

(If different from above)

CITY _____ COUNTY _____ STATE _____ ZIP _____

OWNER OF THE ENTITY (Applicant/Licensee – Name of Sole Proprietor, Limited Liability Company name or Corporation name) _____

If owner is a natural person, IS THE OWNER 21 YEARS OR OLDER? ☐ YES ☐ NO (NRS 449.040(1))

ADDRESS _____

(If owner is a corporation, give corporate office address, otherwise indicate owner's address)

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ EMAIL _____

FOR ALL PARTNERSHIPS AND CORPORATIONS: LIST EACH PARTNER, OFFICER AND DIRECTOR AND PERSON HAVING A DIRECT OR INDIRECT OWNERSHIP INTEREST IN THE ENTITY OF 10% OR MORE: (Please add an additional page if needed)

ADMINISTRATOR/DIRECTOR _____

ADMINISTRATOR/PRIMARY CONTACT EMAIL ADDRESS: _____

STATUTORY TYPE _____

(Select from attached list of statutory types)

NUMBER OF BEDS (If applicable) _____ (For Adult Day Care indicate the number of clients to be served)

SERVICES TO BE PROVIDED (Only Home Health Agencies must specify services below)

OWNER OF REAL PROPERTY (Landlord/Leasing Agency) _____

OWNER'S ADDRESS _____

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____

Nevada Revised Statute 449.210 requires licensure of medical facilities and facilities for the dependent. **Nevada Administrative Code 449.013 and 449.016 authorize non-refundable fees (See Attached Fee Schedule).** **An application is valid for one year after the date on which the application is submitted.** The application must be typed or filled out in ink. The application will not be considered complete until all required attachments are received. See the attached instruction sheet for the required attachments. Return your completed application to:

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

727 Fairview Drive
Suite E
Carson City, NV 89701
775-684-1030

Check Only One Box: **If no selection is made, notices may be sent through email.**

- ☐ I prefer to receive notices through email.
☐ I prefer to receive notices through the U.S. Mail.

Due to the high cost of mailings and the desire to keep licensure fees down, notices may not be physically mailed to your facility or agency unless you note above that you prefer to receive notices through the U.S. mail.

I HAVE READ THE FOREGOING QUESTIONS AND ANSWERED EACH AS INDICATED. THE ANSWERS ARE TRUE AND A COMPLETE REPRESENTATION TO THE BEST OF MY KNOWLEDGE. I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS PERTAINING TO THE SPECIFIC STATUTORY TYPE OF ENTITY FOR WHICH THIS LICENSURE APPLICATION IS HEREIN MADE. I AUTHORIZE RELEASE OF SUCH INFORMATION AS MAY PERTAIN TO THE PURPOSE OF THIS APPLICATION.

SIGNATURE OF REPRESENTATIVE OR OWNER _____ **DATE** _____

PRINTED NAME OF REPRESENTATIVE OR OWNER _____

TITLE OF PERSON SIGNING APPLICATION _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ **DAY OF** _____ **20** _____

NOTARY PUBLIC SIGNATURE _____ **IN AND FOR THE**

COUNTY OF _____ **, STATE OF NEVADA.**

STATUTORY TYPES

Nevada Revised Statutes require licensure for the following types of entities. Please select the type of entity you wish to obtain a license for, and fill in the required blank on the license application.

- ☐ FACILITY FOR THE CARE OF ADULTS DURING THE DAY (ADC)
- ☐ RESIDENTIAL FACILITY FOR GROUPS (Complete Attachment) (AGC,AGR, AGZ)
- ☐ BUSINESS THAT PROVIDES REFERRALS TO RESIDENTIAL FACILITIES FOR GROUPS (BPR)
- ☐ HOME FOR INDIVIDUAL RESIDENTIAL CARE (HIC)
- ☐ HOSPITAL (Select One or More of the Following) (HOS)
 - ☐ MEDICAL
 - ☐ SURGICAL
 - ☐ OBSTETRICAL
 - ☐ PSYCHIATRIC
 - ☐ GENERAL (Must offer services in medical, surgical and obstetric categories as a minimum)
- ☐ RURAL HOSPITAL (RUH)
- ☐ FACILITY FOR THE TREATMENT OF IRREVERSIBLE RENAL DISEASE (ESR)
- ☐ FACILITY FOR SKILLED NURSING (SNF)
- ☐ OBSTETRIC CENTER (OBC)
- ☐ FACILITY FOR HOSPICE CARE (HFS)
- ☐ HOSPICE CARE -- PROGRAM OF CARE (HPC)
- ☐ FACILITY FOR INTERMEDIATE CARE (ICF)
- ☐ INTERMEDIATE CARE FOR MR OR PERSONS WITH DEVELOPMENTAL DISABILITIES (IMR)
- ☐ AGENCY TO PROVIDE NURSING IN THE HOME (HHA) (Home Office)
- ☐ AGENCY TO PROVIDE NURSING IN THE HOME (HBR) (Branch Office)
- ☐ AGENCY TO PROVIDE NURSING IN THE HOME (HSB) (Sub Unit)
- ☐ NURSING POOL (NSP)
- ☐ AGENCY TO PROVIDE PERSONAL CARE SERVICES IN THE HOME (PCA)
- ☐ COMMUNITY TRIAGE CENTER (CTC)
- ☐ FACILITY FOR THE TREATMENT OF ABUSE OF ALCOHOL OR DRUGS (ADA)
- ☐ FACILITY FOR MODIFIED MEDICAL DETOXIFICATION (MDX)
- ☐ HALFWAY HOUSE FOR RECOVERING ALCOHOL AND DRUG ABUSERS (HWH)
- ☐ FACILITY FOR TRANSITIONAL LIVING FOR RELEASED OFFENDERS (TLF)
- ☐ INDEPENDENT CENTER FOR EMERGENCY MEDICAL CARE (ICE)
- ☐ FACILITY FOR REFRACTIVE SURGERY (LSK)
- ☐ RURAL CLINIC (RHC)
- ☐ SURGICAL CENTER FOR AMBULATORY PATIENTS (ASC)
- ☐ MOBILE UNIT (MBU) (Mobile Units must also complete the Mobile Unit Application Attachment)

The following entities/programs are licensed pursuant to NRS 449.038:

- ☐ NARCOTIC TREATMENT CENTER (NTC)
- ☐ NARCOTIC TREATMENT CENTER (MED) (Medication Unit)
- ☐ OUTPATIENT FACILITY (OPF)

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HEALTH MEDICAL FACILITIES FEE SCHEDULE

<p>*If your facility will contain beds, multiply the number of proposed beds against the Per Bed Initial Fee found in Column B and then add the Initial Application Fee in Column A for the total due. For example, if you want a 15 bed facility for skilled nursing, your total would be $15 \text{ beds} \times \\$108 = \\$1620 + \\$2252 = \\$3872$</p> <p>**If your facility/agency does not contain beds, your Initial Application Fee can be found in Column A.</p>	A	B
Facility Type	Initial Application Fee (NAC 449.016(1))	Per Bed/Station Initial Fee
Facility for skilled nursing (NRS 449.449.0039)	\$2,252.00	\$108.00
Hospital (NRS 449.012)	\$14,606.00	\$110.00
Rural hospital (NRS 449.0177)	\$9,530.00	\$62.00
Facility for intermediate care - for persons with mental retardation (NRS 449.0038)	\$2,018.00	\$280.00
Facility for intermediate care (NRS 449.0038)	\$946.00	\$72.00
Residential Facility for Groups (NRS 449.017)	\$2,386.00	\$200.00
Residential Facility for Groups - for low income beds (NRS 449.017)	\$2,386.00	\$35.00
Facility for the treatment of abuse of alcohol or drugs (NRS 449.00455)	\$782.00	\$190.00
Facility for hospice care (NRS 449.0033)	\$3,988.00	\$352.00
Home for individual residential care (NRS 449.0105)	\$1,764.00	\$184.00
Facility for modified medical detoxification (NRS 449.00385)	\$9,960.00	\$494.00
Community triage center (NRS 449.0031)	\$782.00	\$136.00
Facility for the treatment of irreversible renal disease (NRS 449.0046)	\$4,178.00	\$120.00
Halfway house for recovering alcohol and drug abusers (NRS 449.008)	\$2,800.00	\$368.00
Facility for transitional living for released offenders (NRS 449.0055)	\$3,990.00	\$146.00
Surgical center for ambulatory patients (NRS 449.019)	\$9,784.00	
Agency to provide nursing in the home - home office or subunit agency (NRS 449.0015)	\$5,168.00	
Agency to provide nursing in the home - branch office (NRS 449.0015)	\$5,358.00	
Facility for the care of adults during the day (NRS 449.004)	\$0.00	
Rural clinic (NRS 449.0175)	\$4,058.00	
Obstetric center (NRS 449.0155)	\$1,564.00	
Hospice care -program (NRS 449.0115)	\$7,054.00	
Independent center for emergency medical care (NRS 449.013)	\$4,060.00	
Nursing pool (NRS 449.0153)	\$4,602.00	
Facility for treatment with narcotics (pursuant to NRS 449.038)	\$5,046.00	
Medication unit - of narcotic treatment center (pursuant to NRS 449.038)	\$1,200.00	

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HEALTH MEDICAL FACILITIES FEE SCHEDULE

Businesses that provide referrals to residential facilities for groups (NRS 449.0305)	\$2,708.00	
Facility for refractive surgery (NRS 449.00387)	\$6,700.00	
Mobile unit (NRS 449.01515)	\$2,090.00	
Agency to provide personal care services in the home (NRS 449.0021)	\$1,374.00	
Outpatient Facilities - permit for sedation/general anesthesia (NRS 449.442)	\$3,570.00	
Prisons (NAC 449.0169)		

INSTRUCTIONS FOR LICENSE APPLICATION TO CHANGE AN EXISTING LICENSE

ALL REQUIRED ATTACHMENTS MUST BE INCLUDED WITH THE APPLICATION IN ORDER FOR THE APPLICATION TO BE CONSIDERED COMPLETE.

STATUS	FEE	ATTACHMENTS
CHANGE OF ADMINISTRATOR	\$250.00	<div> <div>_____</div>Administrator's license (AGC, ICF, and SNF only) <div>_____</div>Administrator's Resume <div>_____</div>3 Signed Letters of Reference <div>_____</div>Appointment Letter from Governing Body/Owner with Effective Date <div>_____</div>Evidence the Administrator is over 21 (PCA, HIC, HWH, TLF, ADC and ASC only) <div>_____</div>Evidence of a High School Diploma or Equivalence (PCA, HIC and ADC only) <div>_____</div>RN License or MD License, Healthcare Bachelor's Degree or 1 yr of Supervisory Experience in a Health Care Setting (NSP, HHA, & ASC) </div>
FACILITY CHANGE OF NAME	\$250.00	<div> <div>_____</div>Amended Articles of Incorporation or Organization (if applicable) <div>_____</div>Amended Bylaws or Operating Agreement (if applicable) <div>_____</div>Amended Certificate of Insurance <div>_____</div>Amended Business License <div>_____</div>Letter with effective date of change <div>_____</div>Amended Lease Agreement <div>_____</div>Fictitious Firm Name Form (if applicable) <div>_____</div>Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH) </div>
CHANGE OF LOCATION All facility types must file an application in order to change locations per NRS 449.080(2) ----- Fee Exceptions: for HHA Branch or Subunit address change, or MBU staging location changes per NAC 449.0168 Fee Exceptions: for change of the suite only for HHA Parent, BPR, HPC, NSP and PCA per HCQC policy	INITIAL FEES APPLY REFER TO SCHEDULE ----- All Exceptions \$250	<div> <div>_____</div>Floor Plan with Dimensions <div>_____</div>Amended Certificate of Insurance <div>_____</div>Amended Business License <div>_____</div>New Lease Agreement <div>_____</div>Letter with effective date of change <div>_____</div>Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH) <div>_____</div>8 X 11 photograph of the facility or agency </div>

INSTRUCTIONS FOR LICENSE APPLICATION TO CHANGE AN EXISTING LICENSE

**ALL REQUIRED ATTACHMENTS MUST BE INCLUDED WITH THE APPLICATION IN ORDER
FOR THE APPLICATION TO BE CONSIDERED COMPLETE.**

STATUS	FEE	ATTACHMENTS
BED INCREASE	\$250.00 Plus Bed Fee (see schedule for bed fee)	<div>_____ Floor Plan with Dimensions of Affected Beds</div> <div>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)</div> <div>_____ Group Care Endorsement Form (AGC only)</div> <div>_____ Hospital Bed Count Form (HOS only)</div>
BED DECREASE	\$250.00	
DIALYSIS STATION INCREASE	\$250	<p>- The facility must apply, at least 30 days before the proposed date, submit an application, fee and a proposed station increase letter.</p> <div>_____ Provide letter of attestation that there are staff to accommodate the increase in stations.</div> <div>_____ Provide letter of attestation that the water treatment system is safe for the proposed increase in stations.</div>
CHANGE OF OWNERSHIP	INITIAL FEES APPLY REFER TO SCHEDULE	<p>- A change of ownership application must be filed immediately (NAC 449.0114(5)).</p> <p>- Change of ownership applications must be completed no more than 45 days after the change occurs.</p> <p>- Please refer to the specific facility checklist found on the Health Facilities "Forms" page for the documents that must accompany the application.</p> <p>- Renewal fees are still due regardless of a Change of Ownership application being submitted towards the end of the year.</p>
ENDORSEMENT CHANGE FOR AGC ONLY	\$250	<div>_____ Group Care Endorsement Form (AGC only)</div> <div>_____ Evidence of staff training pertinent to the endorsement type (mental illness, mental retardation or chronic illness)</div> <p>*** Please contact the licensing office for endorsements for Alzheimer's disease or Assisted Living</p>
CATEGORY CHANGE FOR AGC ONLY	\$250	<div>_____ Group Care Endorsement Form (AGC only)</div> <div>_____ Certificate of Compliance from the State Fire Marshall's (SFM) Office (This certificate comes directly from the SFM office after an inspection request has been made by DPBH)</div>

When submitting your application packet, you MUST turn in all of the required documents on this checklist or your application will be considered incomplete and returned to you.

Residential Facility for Groups Application Attachment

Please select the category(ies) of residents for which your facility will provide services.

- ☐ **Category 1** residents as defined in NAC 449.1591
- ☐ **Category 2** residents as defined in NAC 449.1595

* Category 2 facilities may admit both Category 1 and Category 2 residents, whereas Category 1 facilities must not admit Category 2 residents.

Indicate the number of beds for each category:

of beds Category 1 _____

of beds Category 2 _____

(*Currently, the Nevada State Fire Marshal will only allow 5 Category 2 residents in a residential style home. This does not apply to a large facility with more than 10 beds. Please contact the State Fire Marshal's Office for further clarification at 775-684-7525.)

Please select all endorsement types that apply to your facility. Facilities may obtain more than one type endorsement on their license provided there is evidence that the populations are compatible and caregivers have received the appropriate training.

☐ **Residential facility for persons with mental retardation** (Please refer to NAC 449.2762 for more information about this endorsement type)

☐ **Residential facility for persons with chronic illnesses** (Please refer to NAC 449.2766 for more information about this endorsement type)

☐ **Residential facility for persons with mental illnesses** (Please refer to NAC 449.2764 for more information about this endorsement type)

☐ **Residential facility which provides care to persons with Alzheimer's disease**
(Please refer to NAC 449.2768 for more information about this endorsement type. If a small facility with 10 or fewer beds requests an Alzheimer's endorsement; Alzheimer's care is the only endorsement the facility can have on the license. In large facilities where the Alzheimer's population can be separated from other populations, the facility may request multiple endorsements. All beds licensed for Alzheimer's residents are Category 2)

☐ **Residential facility which provides Assisted Living Services** (Please refer to NAC 449.2751 and NRS 449.0303(7) and (8) for more information about this endorsement type)

If the facility is applying for more than one type endorsement and there is a physical separation between populations, indicate the number of beds for each type. (For example, 10 Alzheimer Category 2 residents and 25 Category I elderly or disabled residents with mental illnesses)

HOSPITAL BED COUNT SURVEY

MUST BE TYPED OR FILLED OUT LEGIBLY IN INK

BED TYPE	Number of Beds	Total Number of Beds
Medical/Surgical Beds (not including ICU beds)		
Swing Beds for Nursing Home Pts. (Include in Medical/Surgical Bed Count)		
Pediatrics Beds (not including ICU beds)		
Obstetrics Beds		
All L&D, LDR and LDRP Beds (Include in Obstetrics Bed Count)		
Level II Neonatal ICU Bassinets (Include in Obstetrics Bed Count)		
Level III Neonatal ICU Bassinets (Include in Obstetrics Bed Count)		
Intensive Care Unit Beds (ICU)		
Medical/Surgical ICU Beds (Include in ICU Bed Count)		
Cardiac ICU Beds (Include in ICU Bed Count)		
Pediatrics ICU Beds (Include in ICU Bed Count)		
Psychiatric Beds		
Rehabilitation Beds		
Skilled Nursing Beds (Distinct Part SNF Beds)		
Emergency Room Bays (Do Not Include with Bed Count)		
Other (Please Specify on Back)		
Total:		
(Add Total Number of Beds Column Only)		

Other License Designations	Total number of cases in last 12 months
Open Heart Surgeries	
Organ Transplant Surgeries	
Burn Unit	
Trauma Center	

Name of Hospital Reporting: _____

Print Your Name: _____

Print Your Title: _____

Phone Number: _____

Date: _____

Mobile Unit Application Attachment

Please choose one of the following:

- ☐ This application is for a parent facility (an already licensed medical facility) to have a licensed mobile unit. Indicate current license # _____
- ☐ This application is for an independent facility (a mobile unit not associated with an otherwise licensed medical facility) to be licensed as a mobile unit. (if the application is for an independent facility, please check one the following medical facility types)

Independent facilities please choose one of the following facilities types:

- ☐ A surgical center for ambulatory patients
- ☐ An obstetric center
- ☐ An independent center for emergency medical care
- ☐ An agency to provide nursing in the home (please check one of the following)
- ☐ A facility for intermediate care
- ☐ A facility for skilled nursing
- ☐ A facility for hospice care
- ☐ A psychiatric hospital
- ☐ A facility for the treatment of irreversible renal disease
- ☐ A rural clinic
- ☐ A nursing pool
- ☐ A facility for modified medical detoxification

Attach a copy of the vehicle registration.

Indicate the name of the manufacturer of the mobile unit vehicle: _____

Indicate each of the proposed service sites for the mobile unit: (attach additional sheets if necessary)

Indicate the services offered and procedures to be performed: (attach additional sheets if necessary)

Surgical Center for Ambulatory Patients

Classification

If your surgical center for ambulatory patients was licensed after August 5, 2004, please specify the ASC Classification you are requesting.

☐

CLASS A – Provides for minor surgical procedures performed under topical and local infiltration blocks with or without oral and intramuscular preoperative sedation. Excluded are spinal, epidural axillary, stellate ganglion blocks, regional blocks (such as interscalene), supraclavicular, infraclavicular, and intravenous regional anesthesia. These methods are appropriate for Class B and Class C.

CLASS A operating rooms shall have a minimum clear area of 120 square feet (11.15 square meters) and a minimum clear dimension of 10 feet (3.5 meters).

☐

CLASS B – Provides for minor or major surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

CLASS B operating rooms shall have a minimum clear area of 250 square feet (23.23 square meters) with a minimum clear dimension of 15 feet (4.57 meters).

☐

CLASS C – Provides for major surgical procedures that require general or regional block anesthesia and support of bodily functions.

CLASS C operating rooms shall have a minimum clear area of 400 square feet (37.16 square meters) and a minimum dimension of 18 feet (4.59) meters

☐

CLASS E – Those Ambulatory Surgical Centers licensed before August 5, 2004.

☐

ENDOSCOPY ONLY – Centers providing only **Endoscopy** procedures shall have procedure rooms with a minimum clear area of 200 square feet (15 square meters) exclusive of fixed cabinets and built in shelves.

**FOR INFORMATION REGARDING THE
CENTRAL REPOSITORY FOR NEVADA
RECORDS OF CRIMINAL HISTORY**

PLEASE CONTACT:

**State of Nevada
Department of Public Safety
Records and Identification Bureau
333 W. Nye Lane
Carson City, Nevada 89706
Phone (775) 684-6262
Fax (775) 684-6267**

FINGERPRINT AND CRIMINAL BACKGROUND CHECKS

NRS 449.122-449.125 & 449.174

By law it is required that all people involved in a facility, owners included, are required to submit background checks and fingerprints. We are now requesting that this information be submitted to the Bureau prior to the initial inspection of the facilities.

In order to get the process started you will need to follow the instructions outlined in the document, FINGERPRINT CARD INSTRUCTIONS, included in this packet. This is required by each applicant for a license to operate a facility for intermediate care, facility for skilled nursing, residential facility for groups, agency to provide personal care services in the home, home for individual care, residential services provided to children and medical facility or facility for the treatment of abuse of alcohol or drugs, in accordance with NRS 449.122 prior to the initial facility inspection. This process will take 2 to 3 weeks to complete. Initial inspections will not be conducted until this process is completed.

In addition, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care, residential services provided to children and medical facility or facility for the treatment of abuse of alcohol or drugs, must contact the Department of Public Safety (DPS) in order to set up an account in order to be able to process background checks for employees or independent contractors in accordance with NRS 449.123. In order to do this please:

Visit the Department of Public Safety, Nevada Criminal Repository website at:

<http://www.nvrepository.state.nv.us>

Forms and instructions for opening a Civil Applicant Account for processing employee's backgrounds using NRS 449.123 can be found using link:

<http://www.nvrepository.state.nv.us/fingerprints.shtml>

Choose either law enforcement sites or private sites for a listing.

Fees can be found using link:

<http://www.nvrepository.state.nv.us/fees.shtml>

For a sample of a Fingerprint card and how it is to be completed use link:

<http://nvrepository.state.nv.us/fingerprint/forms/CivilApplicantCard.pdf>

For account submission questions contact The Department of Public Safety's Fingerprint Support Unit at (775) 684-6262 and they will direct your call to the appropriate person to answer your account question.

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300

Carson City, Nevada 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

www.health.nv.gov

FINGERPRINT CARD INSTRUCTIONS

Your background check should take place in the jurisdiction where you will be employed. The Division of Public and Behavioral Health requires a new background check every five years.

The Nevada Department of Public Safety has recently notified Division of Public and Behavioral Health that incomplete fingerprint cards will be returned without processing. In addition, the cards **cannot** be processed if they have been altered in any manner, including "highlighting."

Two fingerprint cards and a \$37.50 money order for Electronic Submissions and Manual Submission made payable to **Nevada Department of Public Safety** must be submitted for each person. Most law enforcement agencies have an additional fee to roll the fingerprints; you will need to contact them directly for additional fee information.

One fingerprint card will be sent to the FBI for processing, which takes 8-12 weeks. The other card will remain at the Nevada Criminal History Repository where a Nevada background check is completed. The results of the Nevada check are received in 2-4 weeks.

A clearance memo will be sent to the facility upon completion of the background clearance process. **The clearance memo must be kept in your facility file as verification of background clearance status.**

You are responsible for returning the **"Civil Applicant Waiver Form for Fingerprinting and Criminal History Review"** to **April Fisher (Division of Public and Behavioral Health)**. This form allows us to receive investigation results and provides us with the name of the facility for which you are applying for.

Please see the **SAMPLE** fingerprint card on the next page. **Do not fill in the SAMPLE.** Enter information on your own two fingerprint cards **as indicated for items 1-22.** **Complete all requested fields or the cards will be returned to you for completion, causing further delay.** All **fingerprint cards** must be typed or printed in **black ink**. The Nevada Department of Public Safety, Criminal History Repository, will not process fingerprint cards without the following information:

1. **NAME:** Print or type your name, last name first, in the space at the top center of the form.
2. **SIGNATURE OF PERSON FINGERPRINTED:** Your signature must be completed in the presence of the law enforcement agency.
3. **RESIDENCE OF PERSON FINGERPRINTED:** Print or type your street address and mailing address, if different, including the city, state, and zip code.
4. **DATE:** Do not fill in the date. The person taking your prints will date the card.
5. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:** The person taking your prints will sign the card.
6. **EMPLOYER (FACILITY) AND ADDRESS**
7. **REASON FINGERPRINTED: NRS 449.122 for Owner**
8. **ALIASES (AKA)**
9. **CITIZENSHIP (CTZ):** Print or type the name of the country of which you are a citizen.
10. **YOUR FACILITY NAME- NO SPACING. (OCA):** Example (TheHomestead)
11. **FBI NO. (FBI):** Leave this space blank.
12. **ARMED FORCES NO. (MNU):** Leave this space blank.
13. **SOCIAL SECURITY NO. (SOC)**
14. **MISCELLANEOUS NO. (MNU):** 150828 (agency account number)
15. **SEX:** Enter 'M' for male or 'F' for female.
16. **RACE:** Enter 'A' (Asian); 'B' (Black); 'W' (White); 'I' (Indian); 'U' (Unknown).
17. **HGT:** Enter your height.
18. **WGT:** Enter your weight.
19. **EYES:** Enter your eye color.
20. **HAIR:** Enter your hair color.
21. **DATE OF BIRTH (DOB):** Enter the month, day and year of your birth.
22. **PLACE OF BIRTH (POB):** Enter the state or country where you were born (2 letter abbreviation).

<u>SAMPLE</u> APPLICANT <u>CARD</u>		LEAVE BLANK		(1) TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAME</u> FIRST NAME MIDDLE NAME (1)								FBI		LEAVE BLANK							
SIGNATURE OF PERSON FINGERPRINTED (2)				ALIASES <u>AKA</u> (8)				O <u>NV0131700</u> R I				DATE OF BIRTH DOB MONTH DAY YEAR (21)									
RESIDENCE OF PERSON FINGERPRINTED (3)				CITIZENSHIP <u>CTZ</u> (9)				SEX (15)		RACE (16)		HGT. (17)		WGT. (18)		EYES (19)		HAIR (20)		PLACE OF BIRTH POB (22)	
DATE (4)		SIGNATURE OF OFFICIAL TAKING FP (5)		(10) OCA <u>Example: TheHomestead</u>				LEAVE BLANK													
EMPLOYER AND ADDRESS (6)				FBI NO. <u>FBI</u> (11)				CLASS _____ REF. _____													
REASON FINGERPRINTED (7) <u>449.122</u>				ARMED FORCES NO. <u>MNU</u> (12)																	
				SOCIAL SECURITY NO. <u>SOC</u> (13)																	
				MISCELLANEOUS NO. <u>MN</u> (14) <u>150828</u>																	



CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) Division of Public and Behavioral Health that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) Division of Public and Behavioral Health, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

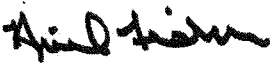
Applicant's Signature: _____

Date: _____

Submitting Agency: Division of Public and Behavioral Health

Address: 737 Fairview Dr. Ste. E, Carson City, NV 89701

Agency representative: April Fisher
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: 

Date: July 1, 13

Brian Sandoval
Governor



Chris Perry
Director

Records and Technology Division

333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6262 – Fax (775) 684-6265
www.nvrepository.state.nv.us

Patrick J. Conmay
Division Chief

November 1, 2011

NOTICE TO ALL LAW ENFORCEMENT AGENCIES, CIVIL APPLICANT ACCOUNT HOLDERS, APPROVED CHANNELERS, AND PRIVATE FINGERPRINTING SITES

The Department of Public Safety, Records Bureau, recently received notice that ***effective April 15, 2012 the Federal Bureau of Investigation will no longer accept paper fingerprint cards for criminal arrests and civil applicant submissions for employment and licensing purposes.*** This deadline is firm; there are no exceptions or extensions.

The DPS Records Bureau is in the process of acquiring the capability to convert paper fingerprint cards to an electronic format for submission to the FBI. Your agency will not have to change its business practices or acquire fingerprinting equipment to take advantage of this new service. ***We intend to have this capability in place by the April 15, 2012 deadline.*** However, should unforeseen circumstances occur that delay us from meeting the deadline, your agency has the following options.

Option 1: Seek Private Fingerprinting Sites with Electronic Capability

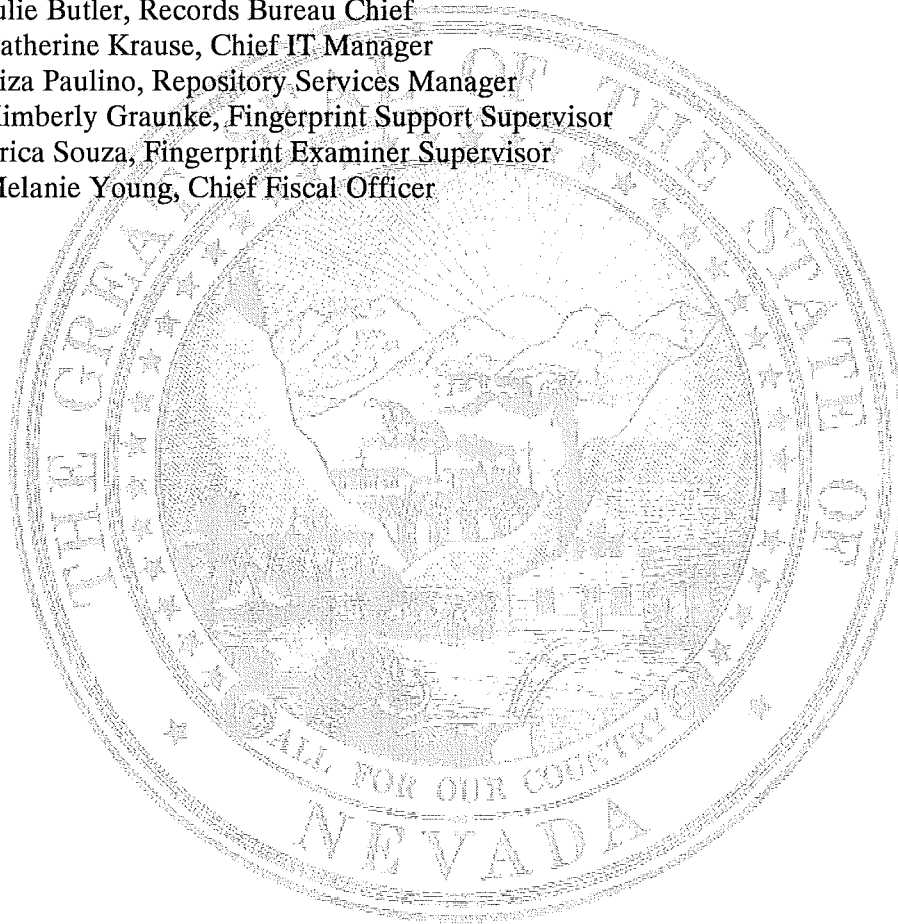
This option would require your office/agency to locate private businesses or governmental agencies that have the capability to submit fingerprints electronically to the DPS Records Bureau and direct your applicants to those sites for fingerprinting. A list of agencies that have the ability to submit fingerprints electronically to the DPS Records Bureau can be found on our website at <http://www.nvrepository.state.nv.us/fingerprints.shtml>

Option 2: Develop Electronic Submission Capability

This option would require your office/agency to acquire a Livescan fingerprinting machine and work with the DPS Records and Technology Division and your Livescan vendor to connect to the DPS Network for electronic submission to the State and the FBI. This process takes several months of work between our office, your agency, and your Livescan vendor, and there is no guarantee that our office could accommodate your request by the April 15, 2012 deadline.

If you choose to go with Option 2, Developing Electronic Submission Capability, please contact Erica Souza, Fingerprint Examiner Supervisor, at (775) 684-6235 as soon as possible. If you have any other questions about this notice and how it may impact your agency, please contact Kimberly Graunke, Fingerprint Support Unit Supervisor, at (775) 684-6214 or Liza Paulino, Repository Services Manager, at (775) 684-6241.

cc: Chris Perry, Director
Patrick Conmay, Division Chief
Julie Butler, Records Bureau Chief
Catherine Krause, Chief IT Manager
Liza Paulino, Repository Services Manager
Kimberly Graunke, Fingerprint Support Supervisor
Erica Souza, Fingerprint Examiner Supervisor
Melanie Young, Chief Fiscal Officer



Compliance with NRS 449.122 to 449.174

All applicants for the following facility types: a facility for intermediate care, facility for skilled nursing, residential facility for groups, agency to provide personal care services in the home or home for individual residential care or, if residential services are provided to children, a medical facility or facility for the treatment of abuse of alcohol or drugs must complete and return the following statement of compliance to the Division of Public and Behavioral Health with initial licensure application. Follow the background check instructions, including the fingerprint instructions included with the initial licensure application.

Note:

Although an agency to provide nursing in the home is not listed in NRS 449.122 as an agency that requires a background investigation to receive initial licensure, after receiving a license an agency to provide nursing in the home must establish an account with the Department of Public Safety in order to background check its employees and independent contractors in accordance with NRS 449.123. Please refer to the fingerprint instructions for information on how to set up a Civil Applicant Account with the Department of Public Safety.

NRS 449.122 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing, residential facility for groups, agency to provide personal care services in the home or home for individual residential care or, if residential services are provided to children, a medical facility or facility for the treatment of abuse of alcohol or drugs shall submit to the Central Repository for Nevada Records of Criminal History two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report

NRS 449.123 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care or, if residential services are provided to children, a medical facility or a facility for the treatment of abuse of alcohol or drugs shall:

(a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.174;

(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);

(c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph 3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care or, if residential services are provided to children, a medical facility or a facility for the treatment of abuse of alcohol or drugs shall ensure that the information concerning the background and personal history of each employee or independent contractor who works at the agency or facility

(a) Is completed as soon as practicable, and if residential services are provided to children, before the employee or independent contractor provides any care or services to a child in the agency, facility or home without supervision; and

(b) At least once every 5 years thereafter.

4. The administrator or person shall:

(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.

NRS 449.124 1. Each agency to provide personal care services in the home, agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing, residential facility for groups and home for individual residential care and, if residential services are provided to children, a medical facility and facility for the treatment of abuse of alcohol or drugs shall maintain records of the information concerning its employees and independent contractors collected pursuant to NRS 449.123, including, without limitation:

(a) A copy of the fingerprints that were submitted to the Central Repository for Nevada Records of Criminal History and a copy of the written authorization that was provided by the employee;

(b) Proof that the fingerprints of the employee were submitted to the Central Repository; and

(c) Any other documentation of the information collected pursuant to NRS 449.123.

2. The records maintained pursuant to subsection 1 must be:

(a) Maintained for the period of the employee's employment with the agency, facility or home; and

(b) Made available for inspection by the Health Division at any reasonable time, and copies thereof must be furnished to the

Health Division upon request.

NRS 449.125 1. Upon receiving information from the Central Repository for Nevada Records of Criminal History pursuant to NRS 449.123, or evidence from any other source, that an employee or independent contractor of an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or home for individual residential care or, if residential services are provided to children, a medical facility or facility for the treatment of abuse of alcohol or drugs has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.174, the administrator of, or the person licensed to operate, the agency, facility or home shall terminate the employment or contract of that person after allowing him or her time to correct the information as required pursuant to subsection 2.

2. If an employee or independent contractor believes that the information provided by the Central Repository is incorrect, the employee or independent contractor may immediately inform the agency, facility or home. An agency, facility or home that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the Central Repository before terminating the employment or contract of the person pursuant to subsection 1.

NRS 449.174 1. In addition to the grounds listed in NRS 449.160, the Health Division may deny a license to operate a facility for intermediate care, facility for skilled nursing, residential facility for groups or home for individual residential care to an applicant or may suspend or revoke the license of a licensee to operate such a facility or home if:

(a) The applicant or licensee has been convicted of:

(1) Murder, voluntary manslaughter or mayhem;

(2) Assault with intent to kill or to commit sexual assault or mayhem;

(3) Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;

(4) Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;

(5) A crime involving domestic violence that is punished as a felony

(6) A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years

(7) Abuse or neglect of a child or contributory delinquency;

(8) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding 7 years;

2. In addition to the grounds listed in NRS 449.160, the Health Division may deny a license to operate an agency to provide personal care services in the home or an agency to provide nursing in the home to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has, in violation of NRS 449.125, continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.

The citations above are not complete, but are abbreviated representations of the requirements. Please review the statutes in their entirety in order to ensure full compliance.

Under penalty of perjury I declare that my facility will maintain compliance with the requirements contained in Nevada Revised Statutes (NRS) 449.122 to 449.174.

Signature of Applicant

Name of Facility

Printed Name of Applicant

Facility Address

CRIMINAL HISTORY STATEMENT

Statements 1-14 below refer to any criminal conviction which may be either a felony or misdemeanor.

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure or any other sexually related crime that is punished as a felony (including felony prostitution).
4. I have never been convicted of prostitution, solicitation, lewdness, or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years.
5. I have never been convicted of a crime involving domestic violence that is punished as a felony.
6. I have never been convicted of a crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years.
7. I have never been convicted of abuse or neglect of a child or contributory delinquency.
8. Within the past seven years, I have not been convicted of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS within the immediately preceding 7 years.
9. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, or any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
10. Within the past seven years, I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
11. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive, statutory provisions relating to Nevada's State Plan for Medicaid.
12. Within the past seven years, I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare.
13. Within the past seven years, I have not been convicted of any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
14. Within the past seven years, I have not been convicted of any felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon or of an attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years.

I affirm that the statements 1-14 above are true and correct; I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.

Signature

Date

PRINT NAME

Nevada Revised Statutes 449.123 requires that employees or independent contractors of an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care or, if residential services are provided to children, a medical facility or a facility for treatment of abuse of alcohol or drugs complete this type of statement. These statutes are available online at <http://leg.state.nv.us/NRS/NRS-449.html>.

Rev. 04/19/12

SURETY BOND REQUIREMENTS

Nevada law requires a surety bond to operate an Intermediate Care Facility, Skilled Nursing Facility, Residential Facility for Groups, a Home Health Agency that serves elderly patients, an Agency to Provide Personal Care Services in the Home or Homes for Individual Residential Care. (NRS 449.065, NRS 449.067).

A surety bond must be filed with the Health Division:

- If the facility or agency employs less than 7 employees, in the amount of \$5,000;
- If the facility or agency employs at least 7 but not more than 25 employees, in the amount of \$25,000; or
- If the facility or agency employs more than 25 employees, in the amount of \$50,000;

The bond must be payable to the **Department of Health and Human Services, Aging and Disability Services Division.**

A surety on any bond may be released after the surety gives **30 days** written notice to the Administrator of the Health Division.

The bond paperwork from your insurance or bonding company must be mailed or delivered to the Division of Public and Behavioral Health. A copy of your bond should be retained at your facility. Please contact the Division of Public and Behavioral Health Las Vegas Office for more information.

Attention: Surety Bond Coordinator
Division of Public and Behavioral Health
4220 South Maryland Parkway
Suite 810, Building D
Las Vegas NV 89119
(702) 486-6515

Skilled Nursing Facilities

Federal law [42 CFR 483.10(c)(7)] requires that the facilities purchase a surety bond, or otherwise assure the security of all personal funds of residents deposited with the facility. The surety bond filed with the Division of Public and Behavioral Health is limited to residents 60 years of age and older and would not guarantee coverage for all residents.

FACILITIES FOR REFRACTIVE LASER SURGERY SURETY BOND REQUIREMENTS

Nevada law requires a surety bond to operate a Facility for Refractive Laser Surgery. The original of the surety bond for your facility must be on file at the Division of Public and Behavioral Health. A copy of the bond should be retained at your facility.

YOU WILL RECEIVE ADDITIONAL INFORMATION REGARDING THE PROCESS FOR FILING YOUR SURETY BOND WITH THE ADMINISTRATOR OF THE HEALTH DIVISION AFTER RECEIPT OF YOUR APPLICATION

NRS 449.068 Surety bond required for initial license and renewal of license to operate facility for refractive laser surgery.

1. Except as otherwise provided in NRS 449.069, each facility for refractive laser surgery shall, when applying for a license or renewing a license, file with the administrator of the health division a surety bond:

- (a) If the facility employs less than 7 employees, in the amount of \$10,000;
- (b) If the facility employs at least 7 but not more than 25 employees, in the amount of \$50,000; or
- (c) If the facility employs more than 25 employees, in the amount of \$100,000.

2. A bond filed pursuant to this section must be executed by the facility as principal and by a surety company as surety. The bond must be payable to the health division and must be conditioned to provide indemnification to a patient of the facility who the administrator of the health division or his designee determines has sustained any damages as a result of the bankruptcy of or any breach of contract by the facility.

3. Except when a surety is released, the surety bond must cover the period of the initial license to operate or the period of the renewal, as appropriate.

4. A surety on any bond filed pursuant to this section may be released after the surety gives 30 days' written notice to the administrator of the health division, but the release does not discharge or otherwise affect any claim filed by a patient for any damages sustained as a result of the bankruptcy of or any breach of contract by the facility while the bond was in effect.

5. The license of a facility for refractive laser surgery is suspended by operation of law when the facility is no longer covered by a surety bond as required by this section or by a substitute for the surety bond pursuant to NRS 449.069. The administrator of the health division shall give the facility at least 20 days' written notice before the release of the surety or the substitute for the surety, to the effect that the license will be suspended by operation of law until another surety bond is filed or substitute for the surety bond is deposited in the same manner and amount as the bond or substitute being terminated.

(Added to NRS by 2001, 1340)

NRS 449.069 Substitute for surety bond required for initial license and renewal of license to operate facility for refractive laser surgery.

1. As a substitute for the surety bond required pursuant to NRS 449.068, a facility for refractive laser surgery may deposit with any bank or trust company authorized to do business in this state, upon approval of the administrator of the health division:

- (a) An obligation of a bank, savings and loan association, thrift company or credit union licensed to do business in this state;
- (b) Bills, bonds, notes, debentures or other obligations of the United States or any agency or instrumentality thereof, or guaranteed by the United States; or
- (c) Any obligation of this state or any city, county, town, township, school district or other instrumentality of this state, or guaranteed by this state, in an aggregate amount, based upon principal amount or market value, whichever is lower.

2. The obligations of a bank, savings and loan association, thrift company or credit union must be held to secure the same obligation as would the surety bond required by NRS 449.068. With the approval of the administrator of the health division, the facility may substitute other suitable obligations for those deposited, which must be assigned to the health division and are negotiable only upon approval of the administrator of the health division.

3. Any interest or dividends earned on the deposit accrue to the account of the facility.

4. The deposit must be an amount at least equal to the surety bond required by NRS 449.068 and must state that the amount may not be withdrawn except by the direct and sole order of the administrator of the health division.

(Added to NRS by 2001, 1340)

**SURETY BOND FOR
HEALTH CARE FACILITIES AND SERVICES**

Bond No. _____

We, _____, of _____, City of _____, State of _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____, with a place of business at _____, City of _____, County of _____, State of _____, and licensed to transact a surety business in the State of Nevada, as surety, are indebted to the State of Nevada, Department of Health and Human Services Division for Aging & Disability Services in the penal sum of _____ Dollars (\$ _____), for which payment principal and surety bind ourselves and our legal representatives and successors, jointly and severally.

The conditions of this obligation are that the principal has applied for licensure pursuant to Chapter 449 of the Nevada Revised Statutes (NRS) to operate a facility of intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in home and agency to provide nursing in home and is required by said statute to furnish a bond on the terms and conditions set forth in such statute.

If principal and all of principal's agents and employees complies with the provisions of said statute, together with all amendatory and supplementary acts, now and hereafter enacted, and if principal applies all funds received, and performs all obligations and undertakings made pursuant to the provisions of said statute in the conduct of a facility for intermediate care, facility for skilled nursing, residential facility for groups, home for individual residential care, agency to provide personal care services in home and agency to provide nursing in home by principal and by principal's agents and employees, then this obligation shall be null and void; otherwise it shall be in full force and effect.

This bond is intended to comply with the requirements of statute, and, in accordance with the provisions and requirements of statute, it is expressly provided that:

1. In accordance with the complaint procedure provided in NRS 427A.175, claim on this bond shall be made by a Specialist for the Rights of Elderly Persons upon determination by the Specialist that principal is liable for damages to a patient.
2. The total aggregate liability of surety shall be limited to the sum of _____ Dollars (\$ _____)
3. Surety may cancel this bond and be relieved of further liability by giving 30 days' written notice to the Administrator of the Health Division, but such cancellation shall not affect any liability incurred or accrued prior to the termination of the notice period.

In witness whereof the signature of the said Principal and the corporate seal and the name of the said Surety is hereto affixed this _____ day of _____, 20____. This surety obligation shall become effective on the _____ day of _____, 20____.

(Principal)

_____, Surety

By: _____

By: _____
Attorney-in-Fact

Nevada Resident Agent Countersignature:

By: _____
Agency Name _____
Address _____

Physical Address of Covered Facility or Agency

ADMINISTRATOR LICENSING REQUIREMENTS

NRS 449.0355 Supervision of residential facility for groups. A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups licensed pursuant to the provisions of chapter 654 of NRS.

NRS 449.035 Supervision of facility for skilled nursing or facility for intermediate care.

1. Except as otherwise provided in subsection 2, a facility for skilled nursing or facility for intermediate care licensed pursuant to the provisions of NRS 449.001 to 449.240, inclusive, may not be operated except under the supervision of a nursing facility administrator who is at the facility and licensed under the provisions of chapter 654 of NRS.

2. The provisions of subsection 1 do not apply to a facility for intermediate care which limits its care and treatment to those persons who are mentally retarded or who have conditions related to mental retardation.

NRS 654.015 "Administrator of a residential facility for groups" defined. "Administrator of a residential facility for groups" means a person who manages, supervises and is in general administrative charge of a residential facility for groups.

NRS 654.028 "Nursing facility administrator" defined. "Nursing facility administrator" means a person who manages, supervises and is in general administrative charge of a facility for skilled nursing or facility for intermediate care.

NRS 654.150 Qualifications of applicant for licensure as nursing facility administrator. [Effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.] Each applicant for licensure as a nursing facility administrator pursuant to this chapter must:

1. Be of good moral character and physically and emotionally capable of administering a facility for skilled nursing or facility for intermediate care.

2. Have satisfactorily completed a course of instruction and training prescribed or approved by the board, including the study of:

- (a) The needs which are to be properly served by a facility for skilled nursing or facility for intermediate care;
- (b) The laws governing the operation of a facility and the protection of the patients' interests; and
- (c) The elements of good administration of a facility.

In lieu of the specific requirements of this subsection, the applicant may present other evidence satisfactory to the board of sufficient education, training or experience by which he would be qualified to administer, supervise and manage a facility.

3. Pass an examination conducted and prescribed by the board pursuant to the provisions of this chapter.

4. Submit with his application:

(a) A complete set of his fingerprints and written permission authorizing the board to forward the fingerprints to the Federal Bureau of Investigation for its report; and

(b) A fee to cover the actual cost of obtaining the report from the Federal Bureau of Investigation.

5. Meet such other standards and qualifications as the board may from time to time establish.

(Added to NRS by 1969, 670; A 1973, 1288; 1975, 1297; A 1977, 1030; 1985, 1771; 1993, 2143; 1997, 2182, effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

NRS 654.155 Qualifications of applicant for licensure as administrator of residential facility for groups. [Effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.] Each applicant for licensure as an administrator of a residential facility for groups pursuant to this chapter must:

1. Be at least 21 years of age;

2. Be a citizen of the United States or lawfully entitled to remain and work in the United States;

3. Be of good moral character and physically and emotionally capable of administering a residential facility for groups;

4. Have satisfactorily completed a course of instruction and training prescribed or approved by the board or be qualified by reason of his education, training or experience to administer, supervise and manage a residential facility for groups;

5. Pass an examination conducted and prescribed by the board;

6. Submit with his application:

(a) A complete set of his fingerprints and written permission authorizing the board to forward the fingerprints to the Federal Bureau of Investigation for its report; and

(b) A fee to cover the actual cost of obtaining the report from the Federal Bureau of Investigation; and

7. Comply with such other standards and qualifications as the board prescribes.

(Added to NRS by 1993, 2139; 1997, 2183, effective on the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

NRS 654.200 Penalty for acting without license. Any person who acts in the capacity of a nursing facility administrator or an administrator of a residential facility for groups without a license issued pursuant to the provisions of this chapter is guilty of a misdemeanor.

**CALL THE BOARD OF EXAMINERS FOR LONG TERM CARE
ADMINISTRATORS FOR MORE INFORMATION**

(702) 486-5445

NOTICE TO HEALTH FACILITIES LICENSURE APPLICANTS

Plans for construction or remodeling **must** be submitted to the following agencies in addition to submission to the Division of Public and Behavioral Health:

Food and Drink Establishment Permit

Nevada State Health Division
Division of Public and Behavioral Health
4220 South Maryland Parkway, Suite 810, Building D
Las Vegas, Nevada 89119
702-486-6515

Nevada State Health Division
Division of Public and Behavioral Health
727 Fairview Drive Suite E
Carson City, Nevada 89701
775-684-1030

For review of fire and life safety code requirements

Nevada State Fire Marshall – (Anywhere in Nevada)
107 Jacobsen Way
Carson City, Nevada 89711
775-684-7500

In order to obtain a Certificate of Compliance from the State Fire Marshal (SFM), the facility must first submit an application with the Division of Public and Behavioral Health (DPBH). The DPBH will then generate a request to the SFM for inspection. Once the inspection is complete, the facility will need to submit the certificate fee to the SFM.

In addition you need to contact your local building authority for construction requirements, approvals and permits.

For questions regarding American with Disabilities Act requirements contact:

Governor's Committee of Employment of People with Disabilities
Department of Business and Industry – (Southern Nevada)
2501 E. Sahara Avenue Suite 104
Las Vegas, Nevada 89104
702-486-4504

Governor's Committee of Employment of People with Disabilities
Department of Business and Industry – (Northern Nevada)
4600 Kietzke Lane #F 154
Reno, Nevada 89502
775-688-1111

Who is subject to Plan Review?

Not all types are facility types are subject to plan review:

If you represent any of these types of facilities:

- Facility for the Care of Adults during the Day
- Residential Facility for Groups with more than ten beds
- Hospital, any type including General, Psychiatric, Rehabilitation, or Critical Access
- Facility for Skilled Nursing
- Obstetric Center
- Facility for Intermediate Care
- Facility for the Treatment of Abuse of Alcohol or Drugs
- Independent Center for Emergency Medical Care
- Surgical Center for Ambulatory Patients
- Facility for Modified Medical Detoxification
- Mobile Unit

And you are an applicant who is:

- Applying for a new facility,
- Considered new due to a change of ownership in an existing facility, or
- Making changes to an existing licensed facility

And you are planning any of the following activities:

- To build a new facility
- To remodel your facility
- To make an addition to your facility
- To change the use of all or part of your existing facility
- To change from a Category I to a Category II Residential Facility for Group (group care)
- To install an automatic fire sprinkler system
- To install a system to pipe in medical gasses

Then you are subject to Plan Review

Follow the instructions in this packet to complete the application and provide supplemental information to appropriate agencies.

If none of the conditions listed above apply to you, then you are not subject to Plan Review.

Contacts:

Northern Nevada:

Robert Cain
Health Facilities Surveyor II
Division of Public and Behavioral Health
727 Fairview Drive Suite E
Carson City, NV. 89701
(775) 684-1056

Southern Nevada:

Steve Gerleman
Health Facilities Surveyor III
Division of Public and Behavioral Health
4220 S. Maryland Pkwy. Ste. 810 Bldg. D
Las Vegas, NV. 89119
(702) 486-6515 ext: 224

KITCHEN PERMIT REQUIREMENTS

Kitchen permits are required for all facilities that have 11 residents or more.

Contacts

Northern Nevada Facilities: Vincent Valiente
Environmental Health Specialist I
Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, NV. 89701
(775) 684-1061
vvaliente@health.nv.gov

Southern Nevada Facilities: Susan O'Malley
Environmental Health Specialist III
Division of Public and Behavioral Health
4220 S. Maryland Pkwy. Ste. 810 Bldg. D
Las Vegas, NV. 89119
(702) 486-6515
somalley@health.nv.gov

► Plan Review of Food Establishments within Health Facilities go to: http://www.health.nv.gov/HCQC_Forms.htm

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health

4150 Technology Way, Suite 300

Carson City, Nevada 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

www.health.nv.gov

LABORATORY TESTING ATTESTATION

Will the facility be performing laboratory testing (such as fingerstick glucose, PT/INR or dips stick urine)?

☐ Yes: If yes, the CLIA (Clinical Laboratory Improvement Amendments) application must be completed and returned to the Bureau for processing and a CLIA number will be assigned.

Already have a CLIA? 29D_____

Already have a state laboratory license? _____

☐ No testing will be performed.

Facility Name: _____

Facility Address: _____

Under penalty of perjury, I attest that the above information is correct.

Signature

Date

Print Name

www.cms.gov/clia

CLIA regulations. How to apply for a CLIA certificate form CMS-116, CLIA waived test, etc.

For further questions or concerns, please contact:

Medical Laboratory Services

727 Fairview Drive, Ste. E
Carson City, Nevada 89701
775-684-1030

4220 S. Maryland Pkwy, Ste. 810 Bldg. D
Las Vegas, Nevada 89119
702-486-6515

Public Health: Working for a Safer and Healthier Nevada

Sample Financial Status Statement

I am financially stable and have the funds available to operate a business as a {the specific type of facility that you are applying for}.

Signed,

{printed name of owner of facility and title}

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RENEWAL NOTICE ATTESTATION

Attention New Provider:

The statement below is an attestation stating that you were informed that all licenses expire at the end of each calendar year, no matter when the license was printed and issued. All facilities receive a renewal notice the beginning of October and are required to pay a renewal fee on or before November 15th. Please sign the attestation below and return to our office within 10 working days.

Even though the Division of Public and Behavioral Health might issue my facility a license toward the end of the year, I have been informed by the DPBH staff that I am still expected to pay a renewal fee by November 15 of the current calendar year. If I pay after November 15th off current year, I will incur a late fee calculated at 1.5 times the renewal fee.

Facility Name

Administrator or Representative of Facility

Date

Witness

Date

*This is required for **Personal Care Agencies, Homes for Individual Residential Care and Adult Day Care Centers** directors/administrators with foreign diplomas. Your diploma must be analyzed by one of these evaluation services to determine if it meets the minimum standards of a US high school diploma.



The National Association of Credential Evaluation Services®

NACES MEMBERS (as at June 1, 2009)

Contact NACES: info@naces.org **Website:** www.naces.org

Please be sure to visit the website regularly to check the updated status of NACES members

◆ Chair

1. Academic Evaluation Services, Inc.

11700 N 58th Street G & H
Tampa, FL, 33617
Phone: (813) 374-2020
Fax: (813) 374-2023
email: info@aes-edu.org
<http://www.aes-edu.org>
Member since May 2008

2. A2Z Evaluations, LLC

P.O. Box 74040
Davis, CA 95617
Phone: 530-400-9266
email: info@A2Zeval.com
<http://www.A2Zeval.com>
Member since May 2009

3. ◆ Center for Applied Research, Evaluations, & Education, Inc.

P.O. Box 18358
Anaheim, CA 92817
Phone: (714) 237-9272
Fax: (714) 237-9279
email: eval_caree@yahoo.com
<http://www.iescaree.com>
Member since March 1987

4. ◆ Education International, Inc.

29 Denton Road
Wellesley, MA 02482
Phone: (781) 235-7425
Fax: (781) 235-6831
email: edint@gis.net
<http://www.educationinternational.org>
Member since March 1987

5. ◆ Educational Credential Evaluators, Inc. 10. ◆ Foreign Academic Credential

P.O. Box 514070 Service, Inc. Milwaukee, WI 53203-3470 P.O. Box 400 Phone: (414) 289-3400 Glen Carbon, IL 62034 Fax: (414) 289-3411 Phone: (618) 656-5291 email:

◆ Membership Chair

6. Educational Perspectives, nfp.

P.O. Box 618056
Chicago, IL 60661-8056
Phone: (312) 421-9300
Fax: (312) 421-9353
email: info@edperspective.org
<http://www.edperspective.org>
Member since April 2003

7. Educational Records Evaluation Service, Inc.

601 University Avenue, Suite 127
Sacramento, CA 95825
Phone: (916) 921-0790
Fax: (916) 921-0793
email: edu@eres.com
<http://www.eres.com>
Member since April 1993

8. e-ValReports

10924 Mukilteo Speedway, #290
Mukilteo, WA 98275
Phone: (425) 349-5199
Fax: (425) 349-3420
email: brad@e-valreports.com
<http://www.e-valreports.com>
Member since May 2007

9. ◆ Evaluation Service, Inc.

333 W. North Avenue, #284
Chicago, IL 60610
Phone: (847) 477-8569
Fax: (312) 587-3068
email: info@evaluationsservice.net
<http://www.evaluationsservice.net>
Member since June 1991

eval@ece.org Fax: (618) 656-5292 <http://www.ece.org> <http://www.facsusa.com>
Member since March 1987 **Member since March 1987** 11. Foreign Educational Document
Service
P.O. Box 4091 Stockton, CA 95204 Phone: (209) 948-6589
Member since April 1994

12. ♦ Foundation for International Services, Inc.

14926 -35th Avenue West Suite 210 Lynnwood, Washington 98087 Phone: (425) 248-2255
Fax: (425) 248-2262 email: info@fis-web.com
<http://www.fis-web.com>
Member since March 1987

13. Global Credential Evaluators, Inc.

P.O. Box 9203 College Station, TX 77842-9203 Phone: (512) 528-0908 Fax: (512) 528-9293
email: gce@gceus.com <http://www.gceus.com> or <http://www.gcevaluators.com>

Member since March 2004

14. Global Services Associates, Inc. 2554 Lincoln Boulevard, # 445 Marina del Rey, CA 90291 Phone: (310) 828-5709 Fax: (310) 828-5709 email: info@globaleval.org <http://www.globaleval.org>

Member since May 2000

15. International Academic Credential Evaluators, Inc.

P.O. Box 2465 Denton, Tx 76202-2465 Phone: (940) 383-7498 Fax: (940) 382.4874 email: staff@iacei.net
<http://www.iacei.net>

Member since May 2006

16. ♦ International Consultants of Delaware 3600 Market Street, Suite 450 Philadelphia, PA 19104 Phone: (215) 387-6950 Ext.603 Fax: (215) 349-0026 email: icd@icdeval.com
<http://icdeval.com>
Member since March 1987

17. ♦♦ International Education Research Foundation, Inc. (IERF)

P.O. Box 3665 Culver City, CA 90231-3665 Phone: (310) 258-9451 Fax: (310) 342-7086 email: information@ierf.org
<http://www.ierf.org>
Member since March 1987

18. Josef Silny & Associates, Inc. International Education Consultants

7101 S.W. 102 Avenue Miami, FL 33173 Phone: (305) 273-1616 Fax: (305) 273-1338 Fax: (305) 273-1984
(Translations) email: info@jsilny.com <http://www.jsilny.com>

Member since April 1991

19. SpanTran Educational Services, Inc. 7211 Regency Square Blvd., Suite 205 Houston, TX 77036-3197 Phone: (713) 266-8805 Fax: (713) 789-6022 email: info@spantran-edu.org <http://www.spantran-edu.org>
Member since April 1996

20. ♦ World Education Services, Inc.

P.O. Box 5087 Bowling Green Station New York, NY 10274-5087 Phone: (212) 966-6311 Fax: (212) 739-6100 email: info@wes.org <http://www.wes.org>
Member since March 1987